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FAX TRANSMISSION**DATE:** February 2, 2007**PTO IDENTIFIER:** Application Number 10/826,654-Conf. #2135
Patent Number**Inventor:** James Nadeau et al.**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (571) 273-8300**FROM:** PATTON BOGGS LLP

Kellie L. Carden

PHONE: (703) 744-7919**Attorney Dkt. #:** 020187.0208PTUS P-6041**PAGES (Including Cover Sheet):** 9**CONTENTS:**
Certificate of Transmission (1 page)
Transmittal (1 page)
Fee Transmittal (1 page)
Petition for Three Month Extension of Time (2 pages)
Response to Restriction Requirement (2 pages)
Credit Card Payment Form (1 page)

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PTO/SB/07 (09-06)

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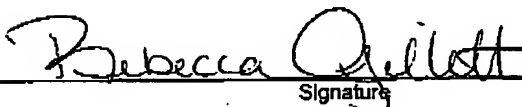
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Application No. (if known): 10/826,654

Attorney Docket No.: 020187.0208PTUS
P-6041**Certificate of Transmission under 37 CFR 1.8**

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TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	10/826654 Conf. 2135	
	Filing Date	April 19, 2004	
	First Named Inventor	James Nadeau	
	Art Unit	1634	
	Examiner Name	Frank W. M. Lu	
Total Number of Pages in This Submission	7	Attorney Docket Number	020187.0208PTUS P-6041

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Response to Restriction Requirement <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request (Three Months) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Credit Card Payment Form and Certificate of Facsimile Transmission
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	PATTON BOGGS LLP		
Signature	<i>Kellie L. Carden</i>		
Printed name	Kellie L. Carden		
Date	February 2, 2007	Reg. No.	52,696

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PTO/SB17 (07-06)

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2006		Complete if Known Application Number 10/826654 Conf. # 2135 Filing Date April 19, 2004 First Named Inventor James Nadeau Examiner Name Frank W/ M. Lu Art Unit 1634 Attorney Docket No. 020187.0208PTUS P-6041	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT (\$) 1590.00			

METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/> Check	<input checked="" type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify):
<input type="checkbox"/> Deposit Account Deposit Account Number: 50-2228 Deposit Account Name: Patton Boggs LLP				
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
<input type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17		<input checked="" type="checkbox"/> Credit any overpayments		

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
HP = highest number of total claims paid for, if greater than 20.			

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
HP = highest number of independent claims paid for, if greater than 3.			

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(e).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/50 =	(round up to a whole number) x	=	

4. OTHER FEE(S)

Other (e.g., late filing surcharge): 1253 Extension for response within the fourth month	1,590.00
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SUBMITTED BY

Signature	<i>Kellie L. Carden</i>	Registration No. (Attorney/Agent)	52,696	Telephone	(703) 744-7919
Name (Print/Type)	Kellie L. Carden	Date	February 2, 2007		

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